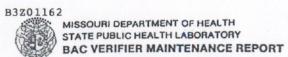
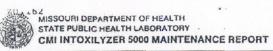


DATAMASTER SN					OF INSPECTION
OCATION OF INSTRUMENT (STREET AND CITY)				TIME C	OF INSPECTION
CHECKLIST: Place a check (-/) to the left of ea in observed values where determined.) Uncheck					established limits. (W
DIAGNOSTIC CHECK (PRINTOUT ATTAC	HED)				
COMPUTER		DETECTO	OR .		
PROGRAM	1	☐ FILTERS			3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
☐ HEATERS SAMPLE CHAMBER	_°C	OUARTZ:	STANDARD		
☐ FLOW DETECTOR		☐ CALIBRA	TION		
D PUMP HIGH SPEED		☐ PRINTER			
☐ INDICATOR LIGHTS					
☐ TIME AND DATE					*
☐ SIMULATOR TEMPERATURE (34 °C ± 0.2°) ☐ CALIBRATION CHECK - Run three tests using a standard solution. spread of .005 or less. Check the box corre RECIRCULATION PUMP) ☐ 0.100% STANDARD - MUST READ BETY	All three te	the standard solu	ution being us		
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Attachment 3

Complete this report in duplicate at the time is repaired. Send copy to Department of Health	h; retain original in department file.		INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	•	TIME OF	INSPECTION
CHECKLIST: Place a check (*) to the left of in observed values where determined.) Uncheck			established limits. (Write
☐ DIAGNOSTIC CHECK (PRINTOUT ATTA	CHED)		
COMPUTER	☐ DETECTOR		A 1 /4.
PROGRAM	☐ FILTERS		and the second
☐ HEATERS SAMPLE CHAMBER	☐ ACETONE SW	/ІТСН	
SET•C	☐ QUARTZ STAI	NDARD	
□ ACTUAL•C	☐ CALIBRATION	N.	
D PUMP HIGH SPEED	☐ PRINTER		
☐ INDICATOR LIGHTS			
☐ TIME AND DATE	4.7		
☐ SIMULATOR TEMPERATURE (34 °C ± 0.2	2°C)		
CALIBRATION CHECK -			
Run three tests using a standard solution spread of .005 or less. Check the box corre	esponding to the standard solution be	eing used. (PRINTOUT	
☐ 0.100% STANDARD - MUST READ BET ☐ 0.040% STANDARD - MUST READ BET (ONLY ONE STANDARD IS TO BE USED	TWEEN 0.038% and 0.042% INCLUSIN		
TEST 1 PT	EST 2 P	TEST 3	Street .
PERFORM R.F.I. TEST (PRINTOUT ATTA	CHED)		
NUMBER OF REFUSALS, SINCE LAST MAFOLLOWS: (DO NOT INCLUDE SIMULA		R OF BREATH TESTS	IN EACH RANGE AS
REFUSALS (004) (.05	.09) (.1014)	(.1519)	(Over .19)
List any new parts and describe any alteration and within established limits (use other side if n		estore the instrument	to operate satisfactority
		Carlos of Marine Way	
INSPECTING OFFICER	PRINT NAME		
	PRINT NAME  TELEPHONE NUMBER		-





TOXILYZER 5000 SN				DATE OF INSPECTION	
OCATION OF INSTRU	MENT (STREET AND CITY)		•	TIME OF INSPECTION	
HECKLIST					
The state of the s	// to the left of one	h Itom If found to b	no esticiacione or il o	parating within actablish	ned limits. (Write in observe
alues where de		ed items must be co	rrected before using		~
☐ DIAGNOS	TIC CHECK (PRINT	OUT ATTACHED)			
☐ CHARACT	TER DISPLAY TEST	×			•
O PRINT TE	ST (PRINTOUT ATT	ACHED)	1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*
TIME AND	DATE				
Aun have MOI	e a spread of .005 or DE) (PRINTOUT AT 0.100% STANDARD -	less. Check the box (ACHED) MUST READ BET		e standard solution being	standard value and must g used. (USE CAL. CHECK
(ON			ER MAINTENANCE I		
EST 1	ILY ONE STANDARI	TEST 2	ER MAINTENANCE I	TEST 3 FF	and the state of t
SIMULATO	OR TEMPERATURE I RFI TEST (PRINTO	TEST 2 TE	ER MAINTENANCE I	TEST 3	BREATH TESTS IN EACH
SIMULATO	OR TEMPERATURE	TEST 2 TE	ER MAINTENANCE I	TEST 3 FF	BREATH TESTS IN EACH
SIMULATION PERFORM NUMBER RANGE AS	OR TEMPERATURE I RFI TEST (PRINTO OF REFUSALS, SING S FOLLOWS: (DO NO 004 arts and describe any	TEST 2 (34° ± .2°C)	ANCE REPORT, AND LATOR TESTS)	TEST 3 FF	BREATH TESTS IN EACH Over .19 erate satisfactority and within
SIMULATO PERFORM NUMBER RANGE A: EFUSALS List any new piestablished limit	OR TEMPERATURE I RFI TEST (PRINTO OF REFUSALS, SING S FOLLOWS: [DO NO 004 arts and describe any its [use other aide if nec	TEST 2 (34° ± .2°C)	ANCE REPORT, AND LATOR TESTS)	TEST 3 FF	Over .19
SIMULATION PERFORM NUMBER RANGE AS	OR TEMPERATURE I RFI TEST (PRINTO OF REFUSALS, SING S FOLLOWS: [DO NO 004 arts and describe any its [use other aide if nec	TEST 2 (34° ± .2°C)	ANCE REPORT, AND LATOR TESTS)	TEST 3 FF	Over .19
SIMULATOR SIMULA	OR TEMPERATURE I RFI TEST (PRINTO OF REFUSALS, SING S FOLLOWS: [DO NO 004 arts and describe any its [use other aide if nec	TEST 2 (34° ± .2°C)	ANCE REPORT, AND LATOR TESTS)	TEST 3 **  NUMBER OF SUBJECT  .1519 estore the instrument to op	Over .19



## MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

Attachment 3

ALCO SENSOR IV SN	i	ROT IV SN		DATE OF INSPECTIO	ON .
OCATION OF INSTRUME	NT (STREET AND CITY)		*	TIME OF INSPECTIO	N
CHECKLIST: Pla	ce a check (<) to	the left of each item i	f found to be satisfactor	v or if operating with	nin established limits. (Write
			nust be corrected before		
DIGITAL REA	DOUT (ALL ELEM	MENTS OPERATIONAL	-)		4
☐ TEMPERATU	RE OF ALCO SEN	ISOR (10°C - 40°C)			*
PRINTER WO	RKING PROPERL	Y			
☐ TIME AND DA	ATE DISPLAYING	PROPERLY			
of .005 or less 0.100% ST 0.040% ST	ts using a standar Check the box of ANDARD - MUST ANDARD - MUST	prresponding to the sta READ BETWEEN 0.09	indard solution being use 5% and 0.105% INCLUSIN 8% and 0.042% INCLUSIN	d. (PRINTOUT ATTA	e and must have a spread CHED)
TEST 1		TEST 2		TEST 3	
L SIMULATOR	TEMPERATURE (	34°± .2°C)			
☐ RFI DETECTO	_	34°± .2°C)	1		
RFI DETECTO  NUMBER OF F (DO NOT INC  REFUSALS  List any new parts at	OR OPERATING REFUSALS, SINCE LUDE SIMULATOR (004)  nd describe any alter	LAST MAINTENANCE R R TESTS)	(.1014)	(.1519)	ACH RANGE AS FOLLOWS:  (Over .19)  stactority and within establishe
RFI DETECTO  NUMBER OF F (DO NOT INC  REFUSALS  List any new parts at limits (use other side	DR OPERATING REFUSALS, SINCE LUDE SIMULATOR (004) Ind describe any alterist necessary)	LAST MAINTENANCE R R TESTS)	(.1014)	(.1519)	(Over .19)
RFI DETECTO  NUMBER OF F (DO NOT INC  REFUSALS  List any new parts at limits (use other side	DR OPERATING REFUSALS, SINCE LUDE SIMULATOR (004) Ind describe any alterist necessary)	LAST MAINTENANCE R R TESTS)	(.1014)	(.1519)	1
RFI DETECTO  NUMBER OF F (DO NOT INC  REFUSALS  List any new parts are inimits (use other side	DR OPERATING REFUSALS, SINCE LUDE SIMULATOR (004) and describe any alter if necessary)	LAST MAINTENANCE R R TESTS)	(.1014)	(.1519)	(Over .19)

TOXILYZER 1400 SN		riginal in department file		
			DATE OF INSPECTION	
OCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
CHECKLIST				
Place a check (<) to the left of each alues where determined.) Unchecker	d items must be con	rected before using inst		ed limits. (Write in observed
DVM TEST: CHANNEL 1 (100 ±				
DIAGNOSTIC CHECK (PRINTO				
CHARACTER DISPLAY TEST				
PRINT TEST (PRINTOUT ATTA	CHED)			
TIME AND DATE				
	ess. Check the box ACHED) - MUST READ BETY - MUST READ BETY	corresponding to the st WEEN 0.095% AND 0.10 WEEN 0.038% AND 0.04	andard solution being 5% INCLUSIVE 2% INCLUSIVE	standard value and must used. (USE CAL. CHECK
EST 1	TEST 2		TEST 3	
☐ SIMULATOR TEMPERATURE (	340 + 2001			
☐ RFI DETECTOR OPERATING (F	PRINTOUT ATTACK	1ED)		
NUMBER OF REFUSALS, SINC RANGE AS FOLLOWS: (DO NO			IMBER OF SUBJECT	BREATH TESTS IN EACH
	.0509	.1014	.1519	Over .19
REFUSALS 004				Over .19
REFUSALS 004  List any new parts and describe any all established limits (use other side if nece		on that was made to resto	re the instrument to op	
List any new parts and describe any all established limits (use other side if nece		on that was made to resto	re the instrument to op	
List any new parts and describe any al		on that was made to resto	re the instrument to op	